



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION 573-751-2326
P.O. BOX 898, JEFFERSON CITY, MO 65105-0898
FARMER'S COOPERATIVE CREDIT ASSOCIATIONS
INTANGIBLE PROPERTY TAX RETURN

1999
INT-5

DLN

2000 TAXABLE YEAR — BASED ON THE 1999 CALENDAR YEAR INCOME PERIOD.

DUE DATE APRIL 17, 2000

FEDERAL ID NUMBER		ADDRESS CORRECTION REQUESTED
NAME	ADDRESS	
CITY, STATE, ZIP CODE		COUNTY

PART I

1. Gross income derived from all sources during 1999	1	\$
2. Gross income derived from notes and mortgages	2	\$
3. Ratio of Line 2 to Line 1	3	%
4. Total of dividends declared and credited (whether paid or not) to share accounts of members in 1999	4	\$
5. Taxable portion of dividends (_____ % Line 3 multiplied by Line 4)	5	\$
6. Amount of tax for 2000 (2% of Line 5)	6	\$
6A. Miscellaneous credits (attach schedule)	6A	\$
6B. Enterprise zone credit	6B	\$
6C. Missouri tax — Line 6 less Lines 6A and 6B	6C	\$
7. Delinquency penalty (8% per annum of Line 6C for payment after April 17, 2000)	7	\$
8. Total Amount Due — MAKE CHECK PAYABLE TO "FINANCIAL INSTITUTION TAX"	8	\$

PART II — POLITICAL SUBDIVISIONS TAXING THE REPORTING ASSOCIATION

This must be completed — Information shown on your Real or Personal Property Tax Receipt		Do Not Use	
SUBDIVISIONS	NAME OR NUMBER	RATE	AMOUNT
County			
City or Town			
Road District			
School District			
Library District			
Water District			
Sewer District			
Fire District			
Other Districts			

SEND COMPLETED RETURN AND REQUIRED ATTACHMENTS TO: DIVISION OF TAXATION AND COLLECTION, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898. FOR FURTHER INFORMATION CALL (573) 751-2326. (TDD 1-800-735-2966)

PLEASE COMPLETE REVERSE SIDE

INSTRUCTIONS

This return is to be filed by all Farmer's Cooperative Credit Associations authorized to do business in Missouri.

PART III

STATE OF MISSOURI

SS

COUNTY OF _____

We, the undersigned _____, as President, and
_____, as Secretary of _____

Association, a corporation organized under an Act of Congress known as the Farm Credit Act of 1933 with its principal office at _____, Missouri, each being first duly sworn upon our separate oaths state that the statements made in the above return are true; that the principal business of said Association during 1999 was the extension of agricultural credit to its members; that said Association, by authority of a resolution of its Board of Directors, has elected to absorb and pay these taxes without charging the same to the accounts of its individual members.

PRESIDENT

SECRETARY

NOTARY INFORMATION

AFFIX SEAL IN THIS BOX

STATE OF

COUNTY OR CITY OF

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF _____, 20

MY COMMISSION EXPIRES

NOTARY PUBLIC

AUTHORIZATION/NON-AUTHORIZATION

☐ I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.

PREPARER'S TELEPHONE

☐ I do **NOT** authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.

PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)

DATE

PREPARER'S ADDRESS AND ZIP CODE

FEIN OR PTIN